990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For th	ne 2009 ca	alendar	year, or tax year beginning 01/01 , 2009, and ending 1	2/31	, 20 09
B	Check if:	applicable:	Please	C Name of organization Shepherds Center of Kansas City Central	D Employ	yer identification number
		change	use IRS	Doing Business As	43	0994417
_			label or print or	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Teleph	one number
<u>~</u>	Name c	hange	type.	·	(816)	444-1121
\sqcup	nitial re	turn	See Specific	5200 Oak Street	(0 10)	444-1121
	Termina	ited	Instruc-	City or town, state or country, and ZIP + 4		
	Amende	ed return	tions.	Kansas City, MO 64112	G Gross re	eceipts \$ 848,420
\Box	Applicatio	on pending	F Nan	ne and address of principal officer: JoEllen Wurth	nis a oroup return	n for affiliates? Yes No
	ppilodit	on ponding	5200 0			included? Yes No
$\overline{}$	Тах-ех	empt status				list. (see instructions)
		<u>.</u>			•	•
					exemption nu	
				oration ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation: 1972	M State of	f legal domicile: MO
Pá	art I	Summ	nary			
o)	1	Briefly de	escribe ir talen	the organization's mission or most significant activities: To empower miss, skills, and wisdom for the good of their peers and the community.	dlife and	older adults to
Activities & Governance	Ι.					
Ë	l .					
Š	2	Chack this	hov 🏲	if the organization discontinued its operations or disposed of more than 25% of its net as	sets.	
ŏ					3	15
త	1			g members of the governing body (Part VI, line 1a)	•	15
. <u>ë</u>	1			pendent voting members of the governing body (Part VI, line 1b)	·	
`.	5	Total nui	mber of	employees (Part V, line 2a)	. 5	10
Aci	6	Total nui	mber of	volunteers (estimate if necessary)	. 6	1,001
				lated business revenue from Part VIII, column (C), line 12	7a	0
				usiness taxable income from Form 990-T, line 34	. 7b	0
				Prior		Current Year
ō					197,614	587,637
				nd grants (Part VIII, line 1h)		
en.	9	Program	service	revenue (Part VIII, line 2g)	78,258	72,692
Revenue	10	Investme	ent inco	me (Part VIII, column (A), lines 3, 4, and 7d)	-50,738	-60,612
Œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133	1,422
				dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,267	601,139
	1				0	0
				lar amounts paid (Part IX, column (A), lines 1-3)	0	0
Ø			•	or for members (Part IX, column (A), line 4)	<u>_</u>	
Expenses	15	Salaries,	other co	ompensation, employee benefits (Part IX, column (A), lines 5-10)	193,377	254,407
ĕ	16a	Profession	onal fun	draising fees (Part IX, column (A), line 11e)	0	0
X				expenses (Part IX, column (D), line 25) ►		
			-	(Part IX, column (A), lines 11a-11d, 11f-24f)	195,780	251,618
			•	· ·	389,157	506,025
				Add lines 13–17 (must equal Part IX, column (A), line 25).		
- "	19	Revenue	less ex	penses. Subtract line 18 from line 12	-163,890	95,114
Assets or	<u> </u>			Beginning of		End of Year
Set	20	Total as:	sets (Pa	rt X, line 16),,,,,,,,,,,,,,,,,,,,	698,050	949,847
AAS	21		•	Part X, line 26)	22,110	19,311
Net /	22			and balances. Subtract line 21 from line 20	675,940	930,536
	art II		nature			1
ш	211 1			perjury, I declare that I have examined this return, including accompanying schedules and state	omonts and	to the best of my knowledge
		and beli	enalues o ef. it is tru	e, correct, and complete. Declaration of preparer (other than officer) is based on all information	on of which p	reparer has any knowledge.
			no			1
Si	gn	1 L	Y	C / Rocy	7/20	/२७/0
He	ere	Sigi	nature of	officer D	ate	
•		Jo	hn T K	och, Board Treasurer		
		 -		name and title		
		T TYP	e or built		 	
		Prepare		Date Check if self-	Preparer's	identifying number
Pai	d	signatur	e 🔽	7/2// _p employed ►	11' -	076573
		, _	(ofere March 1/1/10		~ / w ~ / y
	parer's	rimisi	ame (or y	Ours Support Kansas City Inc	<u>►71</u>	1717077
US	e Only		mployed), , and ZIP	T000 D 1 0 1/1 000 BB: 1 1/0 00000	no. ► (91:	
1/1	av tho			return with the preparer shown above? (see instructions)		✓ Yes No

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Sherpherd's Center of Kansas City Central, with its partner organizations, empowers midlife and older adults to
	share their talents, skills, and wisdom for the good of their peers and the community.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 222,684 including grants of \$0) (Revenue \$ 68,413) Shepherd's Center provides services to help older adults maintain independence and stay connected to the community, thus alleviating feelings of lonliness and isolation. These services include home-delivered meals, transportation, yard clean-up, grocery-shopping, friendly visitors, and holiday gifts. In 2009, 865 volunteers
	contributed 7,722 direct service hours to this program. Volunteers deliver hot nutritious meals each day to 40-60 homebound elderly/disabled adults who cannot afford and/or are not able to prepare a hot balanced meal.
	Volunteers provided approximately 130 trips per month for elderly/disabled adults who are not able to provide or
	manage their own transportation. These services build community service and volunteerism as well as supporting independence for the aging by improving confidence, satisfaction, and happiness in their homes.
	supporting independence for the aging by improving confidence, satisfaction, and happiness in their nomes.
4b	(Code:) (Expenses \$ 117,223 including grants of \$ 0) (Revenue \$ 2,840)
40	Coming of Age: Kansas City is a metro-wide initiative that promotes civic involvement, lifelong learning, and
	community leadership in the 50+ population. This is a new program in Kansas City. At the conclusion of this
	program period, we will use the information learned to replicate the successes and adjust other areas to improve
	our ability to meet the stated goals. All goals will be evaluated to ensure that our objectives and those of the
	community are in sync. In 2009, we launched the inter-active website www.comingofage.org/kansascity. Five
	hundred nineteen (519) people are actively participating in the Inspiring Opportunities e-newsletter to connect non-profits, for-profits, and those seeking encore opportunities.
	non-pronts, for-pronts, and those seeking encore apportunities.
	(0.1
4C	(Code:) (Expenses \$ 60,683 including grants of \$ 0) (Revenue \$ 0) The unique KC Caregiver Supportline connects caregivers of older adults with specific programs and services
	that will not only meet the needs of the loved one but also focuses on the mental well-being of the caregiver.
	Assessments conducted on each call separates this Supportline from a referral service. Focus of each
	conversation provides information relating to the mental health of both the caregiver and the loved one.
	Responses and follow up will measure this element carefully. This program will also include a volunteer training
	component connecting caregivers and volunteers when appropriate. This is a new program in Kansas City. We
	expect to take 700 calls in the first year, assisting 500 clients with a tripling of these numbers within three (3)
	years. At the conclusion of this program period, we will use the information learned to replicate successes and
	adjust other areas to improve our ability to meet stated goals. All goals will be evaluated to ensure that our objectives and those of the community are in sync.
	objectives and those of the community are in sync.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 400,590

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	l afrikasoon
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		v
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	✓

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	OL		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>✓</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3b 4a	жампан кіліп	V V V V V V V V V V V V V V V V V V V
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<u>√</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		STREET STREET BETTE
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		√
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	HESZEMINET	<u> </u>
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		√
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	AD		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	10h			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
122	amounts due or received from them.)	12a		300000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
	اسم ا ا ا	H0(1514081808	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the hamber of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		-
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		√
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	uk a.jk 20k003	FRACKOLENOKINO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u>✓</u>
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	√ √galesan	ACMEMBE.
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			(2). (1)
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	✓	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	,	
	describe in Schedule O how this is done	12c	V	
13	Does the organization have a written whistleblower policy?	13	V	
14	Does the organization have a written document retention and destruction policy?	14		TUNKS (END)
15	Did the process for determining compensation of the following persons include a review and approval by		1,195	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	V	<u> </u>
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	#HEERS	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	L	Ь
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	✓ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco			
	organization: ▶ JoEllen Wurth, (816)444-1121 5200 Oak Street, Kansas City, MO 64112			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co		any o	curr	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)	(C) (D)						(D)	(E)	(F)
Name and Title	Average	Positi	on (d	checl	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sheryl Jones President, Jan-June; Board Mbr July-Dec09	2	1						\$0	\$0	\$0
William Kalahurka Board Mbr Jan-June; President, July-Dec09	2	/						\$0	\$0	\$0
George Heymach		-v			┝					
Vice Pres, Jan-June; Board Mbr Jul-Dec09	2	✓						\$0	\$0	\$0
John T Koch Treasurer	2	✓						\$0	\$0	\$0
Lin Knudson		<u> </u>					-			
Secretary, Jan-June; Vice-Pres July-Dec09	2	1			ļ			\$0	\$0	\$0
Greg Lear Board Mbr Jan-June; Secretary July-Dec09	2	1						\$0	\$0	\$0
Sue McCord-Belzer Board Mbr Jan-Dec; Vice-Sec July-Dec09	2							\$0	\$0	\$0
Gwendolyn Bailey	1	✓						\$0	\$0	\$0
Board Member		✓_			L	ļ		**	1.0	
Michelle Durrett Board Member	1	1		!				\$0	\$0	\$0
Charles Eddy	1	1						\$0	\$0	\$0
Board Member Carolyn Elman	1	-			\vdash		-	\$0	\$0	\$0
Board Member		✓			_			Ψ	Ψ0	Ψ0
Kasey Graham Board Member	1	1						\$0	\$0	\$0
Denny Kurogi	1							\$0	\$0	\$0
Board Member Dee Ruehl	1	√		-			-	\$0	\$0	¢n.
Board Member	'	1			_			\$U	\$ 0	\$0
Amy Gearhart Sage Board Member	1	1						\$0	\$0	\$0

Par	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	ees,	an	d Higl	hes	t Compensated	d Employee:	s (con	rtinued)
(A) (B) (C) (D) (E)								(E)		(F)		
Name and title		Average hours per week	Individual trustee or director	nstitutional trustee	Officer		Highest compensated employee	D Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from relate organization (W-2/1099-M	on d ns	Estimated amount of other compensation from the organization and related organizations
				:								
												-
										***·		
					i							
1b 2	Total		to th	ose	list	ed a	above	▶ :) wl	ho received me	ore than \$10	0 00,00	0 in Yes No
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i>	chedule J	for su	ıch	indi	ivid	ıal				.	3
4	For any individual listed on line 1a, is the state organization and related organizations individual.											4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com olete	pen Sch	sati <i>edu</i>	on <i>ile</i> .	from I for s	any suct	unrelated org person .	anization fo		5 🗸
	ction B. Independent Contractors										.	
1	Complete this table for your five highest c compensation from the organization.	ompensate	ed ind	lepe	ende	ent ·	contra	acto	ors that receive	d more than	า \$10	
	(A) Name and business ad	dress							(B) Description of s	services	((C) Compensation
								\vdash				
								T				
2	Total number of independent contractors (more than \$100,000 in compensation from	including b	ut no	t lin	nited	d to	those	l list	ed above) who	received		

Part		<u>'</u>	Voniio						Page 9
Pan		Statement of Re	venue			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
rants unts		Federated campaigns Membership dues		1a 1b	18,698 0		revenue		512, 513, or 514
jifts, g ar amo	С	Fundraising events Related organizations	events 1c						
tions, g r simil	е	Government grants (contri	, I	1e	0				
Contributions, gifts, grants and other similar amounts		f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$		568,939 15,106					
	h	h Total. Add lines 1a-1f			Business Code	587,637			
Program Service Revenue	2a	Meals on Wheels			624100	48,447	48,447	0	0
æ	b	Adventures in Learnin			624100	15,369	15,369	0	0
<u>vice</u>	С	Keeping Seniors in Th	eir Homes		624100	4,597	4,597	0	0
Ser	d	Coming of Age			624100	2,840	2,840	0	0
ащ	е	Outreach, Medicare C		etc	624100	1,439	1,439	0	0
ogr.	f	All other program servi	ce revenue			0	0	0	0
	g	Total. Add lines 2a-2f		•	<u> ▶</u>	72,692		1563	
	3	Investment income (incother similar amounts)			▶	19,673	0	0	19,673
	4	Income from investment of	of tax-exempt	bone	d proceeds 🕨	0	0	0	0
	5	Royalties	<u> </u>			0	0	0	
			(i) Real		(ii) Personal				
	6a	Gross Rents							
	b	Less: rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (lo	oss)						
	7a	Gross amount from sales of	(i) Securities	3	(ii) Other				
	' "	assets other than inventory	166,	,996	0		a skie zakone		
	b	Less: cost or other basis and sales expenses .	247,	,281	0				
		Gain or (loss) Net gain or (loss)		,285	0 ▶	-80,285	0	0	-80,285
Other Revenue	8a	Gross income from events (not including \$ of contributions reporte See Part IV, line 18	d on line 1c	<u>) </u>	V				
her	b	Less: direct expenses		b					
₽		Net income or (loss) from		ing e	vents . ▶	- I KILLANDELINGERINGEN I KINA DONA KILANDELINGEN BERGERINGEN BERG	на ден на не обоснава делока с ело и подволен и подастой подветельность.	- Paristan Programministiki katembra Matembra Karamatan	- Being the state of the state
	9a	Gross income from gam See Part IV, line 19							
		Less: direct expenses. Net income or (loss) from		b	ities ►				
	10a	Gross sales of inverteurns and allowances							
•		Less: cost of goods so							
	С	Net income or (loss) from	****	vent		instruments with the second se	Vikinases resigno 8/600 1300	Pis intermitablishe (University)	Full Research that lighting the foreign control and the manual version
		Miscellaneous Rev	enue		Business Code				
		Advertising Income			900099	1,373	1,373	0	0
	b	Refunds and Miscella	neous		900099	49	49	0	0
	С								
	d	All other revenue				0	0	0	0
	е	Total. Add lines 11a-1	1d		-	1,422			
	12	Total revenue. See ins			<u> </u>	601,139	74,114	0	-60,612
									Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	umn (A) but are no	ot required to com	piete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	228,878	175,856	27,071	25,951
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,814	2,254	280	280
10	Payroli taxes	22,715	16,809	2,953	2,953
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	16,904	9,042	6,918	944
d	Lobbying		Specification was not a construct on the construction of the const		
е	Professional fundraising services. See Part IV, line 17	4.000		0.070	
f	Investment management fees	4,888	2,231	2,378	279
g	Other	19,612	19,456	78	78
12	Advertising and promotion	2,164	2,062	51	51
13	Office expenses	66,708	51,205	9,268	6,235
14	Information technology				
15	Royalties	25,369	10,693	13,338	1,338
16	Occupancy	2,462	2,122	181	1,338
17	Travel	2,402	2,122	101	103
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings.	3,168	2,833	119	216
19	- · · · · · · · · · · · · · · · · · · ·		_,		
20 21	Interest				
22	Depreciation, depletion, and amortization.	6,326	4,753	979	594
23	Insurance	5,398	4,152	696	550
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Dues and Subscriptions	1,783		 	172
b	Volunteer Recruitment and Development	1,217			38
С	Program Expenses	94,573	<u> </u>		
d	Miscellaneous Expenses	1,046	2	1,044	0
е					
_ f	All other expenses	E00.00=	400 500	05.505	00.000
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	506,025	400,590	65,597	39,838
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	76,823	1	93,774
	2	Savings and temporary cash investments		2	162,988
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,237	4	4,671
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ځ	9	Prepaid expenses and deferred charges	1,101	9	950
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 14,603	11,205	10c	8,001
	11	Investments—publicly traded securities	588,684	11	679,463
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	698,050	16	949,847
	17	Accounts payable and accrued expenses	17,017	17	19,311
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္ထ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		W.	
abi		employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	5,093	25	0
	26	Total liabilities. Add lines 17 through 25	22,110	26	19,311
ces		Organizations that follow SFAS 117, check here ▶			
<u>a</u>	27	Unrestricted net assets	477,203	27	724,927
Ba	28	Temporarily restricted net assets	88,737	28	92,866
ᅙ	29	Permanently restricted net assets	110,000	29	112,743
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	675,940		930,536
2	34	Total liabilities and net assets/fund balances	698,050	34	949,847

Par	t XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?	2b	✓					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓					
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:							
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization **Shepherds Center of Kansas City Central** 43 0994417 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/2 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II **c** ☐ Type III–Functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN in col. (i) listed in your organization in col. organization (described on lines 1-9 the organization in col. (i) of your (i) organized in the above or IRC section governing document? (see instructions)) support? U.S.? Yes Yes No Yes No No

Total

Par	Support Schedule for Org (Complete only if you ched					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	Papalian saka saka saka saka saka saka					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	1 () 200	41,000		/ n 0000	() 0000	10 T-1-1
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	MANASAMIN'NY MANASAMIN'NY MPETERANA NO BEN'NY TANÀNA MANASAMIN'NY MANASAMIN'NY MPETERANA NO BEN'NY TANÀNA MANASAMIN'NY MPETERANA NO BEN'NY TANÀNA NO BEN'NY NO BEN'			2001 Natural Control of the Control of Contr	on washing the Bally Out, of Medicine, course on the	
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop h	ere					on 501(c)(3)
Sec	tion C. Computation of Public Su					1 1	
14	Public support percentage for 2009 (line	• • • • • • • • • • • • • • • • • • • •				14	<u>%</u>
15	Public support percentage from 2008 Sc					15	<u>%</u>
16a							
	and stop here. The organization qualifie						
b	331/3 % support test—2008. If the organ box and stop here. The organization qu	alifies as a publ	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test—2 more, and if the organization meets the "organization meets the "facts-and-circumstance"	facts-and-circu	mstances" test,	, check this box	and <mark>stop here</mark>	. Explain in Part	IV how the
b	10%-facts-and-circumstances test—200 more, and if the organization meets the 'organization meets the "facts-and-circumstant"	"facts-and-circun	nstances" test,	check this box	and stop here.	. Explain in Part	IV how the _
18	Private foundation If the organization di						

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

800	tion A. Public Support	d the box of	i iiile 9 Oi Fai	11.)			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Va	ieridai year (or riscar year beginning iii)	(a) 2000	(b) 2000	(6) 2007	(4) 2000	(e) 2008	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,272	236,826	78,316	197,614	587,637	1,251,665
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	68,810	73,936	36,567	78,258	72,692	330,263
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	220,082	0 310,762	0 114,883	0 275,872	660,329	0 1,581,928
6	Total. Add lines 1 through 5	220,002	310,762	114,003	215,012	000,329	1,501,520
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	. 0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	40 245	40.257	42.072	28,048	47.027	04.650
	amount on line 13 for the year	18,345 18,345	18,257 18,257	12,073 12,073	28,048	17,927 17,927	94,650 94,650
	Add lines 7a and 7b	10,345	10,257	12,073	20,040	17,921	94,000
8	Public support (Subtract line 7c from line 6.)						1,487,278
	tion B. Total Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		220,082	310,762	114,883	275,872	660,329	1,581,928
9 10a	Amounts from line 6	10,309	22,606	12,357	29,259	19,673	94,204
b	Unrelated business taxable income (less section 511 taxes) from businesses	10,309	22,808	0	29,239	19,673	94,204
	acquired after June 30, 1975	10,309	22,606	12,357	29,259	19,673	94,204
С 11	Add lines 10a and 10b	10,505	22,000	12,007	25,255	10,070	34,204
''	activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,830	1,080	648	133	1,422	7,113
13	Total support. (Add lines 9, 10c, 11, and 12.)	234,221	334,448	127,888	305,264	681,424	1,683,245
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Section C. Computation of Public Support Percentage							
15	Public support percentage for 2009 (lin					15	88.36 %
16	Public support percentage from 2008 S			· · · · ·		16	85.3 %
	tion D. Computation of Investmen						F.C
17	Investment income percentage for 200	•		-	olumn (f)) .	17	5.6 %
18	Investment income percentage from 20					18	6.45 %
19a	17 is not more than 331/3 %, check this b	ox and stop h e	ere. The organi	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
b	331/2 % support tests - 2008. If the organ line 18 is not more than 331/2 %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions ▶ 🔲

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
reimburse	xplanation - Part III Line 12 Other Income: 2005 \$3,830 Misc fundraising events, refunds and ments; 2006 \$1,080 Refunds and reimbursements; 2007 Refunds, reimbursements, and miscellaneous g income; 2008 \$133 Refunds, reimbursements, Missouri tax comp deductions; 2009 \$1,422 Rebates and
advertisin	
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	·

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	of the organization			Employer identification t	
She	oherds Center of Kansas City Central			43 : 0994	417
Par	t I Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Fun	ds or Accounts. C	omplete if
		(a) Donor advised funds		(b) Funds and other acc	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, sub				Yes No
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private l	onors, and donor advisors in writing that for the benefit of the donor or donor advoenefit?	grant isor, c	funds can be or for any other	Yes ☐ No
Par	t II Conservation Easements. Com	plete if the organization answered "Yes	" to F	orm 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organize easement on the last day of the tax year.	d by the organization (check all that apply i., recreation or pleasure) Preservat Preservat	/). ion of tion of	an historically importal f a certified historic st	nt land area ructure
	•			Held at the End	of the Tax Year
_	Total number of conservation easements .			_	
a	Total acreage restricted by conservation e			'	
b	Number of conservation easements on a			•	
C	Number of conservation easements include Number of conservation easements include Number of conservation easements include Number of conservation easements on a conservation easements include the conservation easement easements in conservation easements include the conservation easements in conservation easements ease			. 2d	* * * * * * * * * * * * * * * * * * * *
· d					
3	Number of conservation easements modified the tax year ▶				ation during
4	Number of states where property subject				
5	Does the organization have a written policy violations, and enforcement of the conservations.				Yes 🗌 No
6	Staff and volunteer hours devoted to mon	itoring, inspecting, and enforcing conserv	ation	easements during the	year
7	Amount of expenses incurred in monitorin ▶\$	g, inspecting, and enforcing conservation	easer	ments during the year	•
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				Yes 🗌 No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserved	reports conservation easements in its rethe text of the footnote to the organization ation easements.	venue n's fin	e and expense statemenancial statements that	ent, and t describes
Pai	Till Organizations Maintaining Coll Complete if the organization ans	ections of Art, Historical Treasures, wered "Yes" to Form 990, Part IV, line 8	or Otl	her Similar Assets.	
1a	If the organization elected, as permitted u art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	r resea	arch in furtherance of p	
b	If the organization elected, as permitted unhistorical treasures, or other similar assets provide the following amounts relating to (i) Revenues included in Form 990, Part (ii) Assets included in Form 990, Part X	s held for public exhibition, education, or these items: VIII, line 1	resear 	rch in furtherance of p ▶ \$	oublic service,
2	If the organization received or held works following amounts required to be reported	s of art, historical treasures, or other sim	ilar as	,	
a	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X .	line 1		> \$	
	, wasta malada in i dilli dod, i dich		• •	· · · · · · · · · · · · · · · · · · ·	

Par	rt III Organizations Maintaining	Collections o	of Art, Hi	istorica	l Treasure	es, or (Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and o	ther reco	rds, che	ck any of th	he follo	wing that are a	significant use of its
а	Public exhibition		d	L L	oan or excl	hange	programs	
b	Scholarly research		е	∐ c	ther			
С	☐ Preservation for future generation	ns						
4	Provide a description of the organizati Part XIV.	on's collections	and exp	lain how	they furthe	er the o	organization's e	exempt purpose in
5	During the year, did the organization soll assets to be sold to raise funds rather the	nan to be mainta	ined as p	art of the	organizatio	on's co	lection?	. Yes No
Par	rt IV Escrow and Custodial Arra IV, line 9, or reported an arra					answe	ered "Yes" to I	Form 990, Part
	•							not
b	If "Yes," explain the arrangement in Pa	art XIV and com	plete the	followin	ng table:			A
						1	_	Amount
	Beginning balance							
	Additions during the year					. 1		
e	Distributions during the year					1		
f o-	Ending balance					. ட்	·	Yes No
2a b	Did the organization include an amount if "Yes," explain the arrangement in Page 1997.	art XIV.			1 (3.7			
Par	rt V Endowment Funds. Com	——————————————————————————————————————						
		(a) Current year 110,000	(b) Prio	110,000	(c) Two yea	rs dack	(d) Three years b	ack (e) Four years back
1a		2,742		0.000				
b	Contributions	2,142		U				
С	Net investment earnings, gains,	28		0				
	and losses	0		0		34 S. 2016		
	Grants or scholarships							
е	Other expenditures for facilities and programs	0		0				
	Administrative expenses	0		0			And leading the series	
g	End of year balance	112,770	1	10,000				
2	Provide the estimated percentage of t				EN INDESCRIPTION OF MININGS AND	NUMBER OF STREET	A COMPANY NO DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF TH	HINDEADH EIMHEIMAANN AHHRINADU FACAILLASUA'S EILIMININI (2015)
– a	Board designated or quasi-endowmer	-						
b	Permanent endowment ►99			,				
c	Term endowment ▶ 0 %							
	Are there endowment funds not in the	oossession of th	e organiz	ation tha	at are held a	and adr	ministered for th	16
	organization by:		Ü					Yes No
	(i) unrelated organizations							3a(i) √
								. 3a(ii)
	If "Yes" to 3a(ii), are the related organ							. 3b
4	Describe in Part XIV the intended uses						" 40	
Pai	rt VI Investments—Land, Build	1				1		
	Description of investment	(a) Cost or oth (investme			st or other s (other)		Accumulated depreciation	(d) Book value
1a	Land		0		0			0
b	Buildings		0		0		0	. 0
С	Leasehold improvements	.	0	1	0	ļ	0	0
d	Equipment		22,604		0	ļ	14,603	8,001
<u>е</u>			0		0		0	0
Lota	al. Add lines 1a through 1e. (Column (d) mu	ust equal Form 99	iu. Part X.	. column	ເສາ. line 10(ເ	CI.I .	•	8 001

Part VII Investments—Other Securitie	s. See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation: market value
Financial derivatives			
Closely-held equity interests			
Other			
	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	od See Form 990 Part		SAN OLORAGE BLIVATOLI PER SENIMINAN AND REPORT IN DEL VISUADO PAS
(a) Description of investment type	(b) Book value	(c) Method of v	valuation:
(a) besorption of investment type	(b) Book value	Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>		
Part IX Other Assets. See Form 990, P			(I) Dealerston
	(a) Description		(b) Book value
	<u>.</u>		
Total. (Column (b) must equal Form 990, Part X, col	. (B) line 15.)		-
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		
Federal income taxes		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		0	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Par	t XI Reconciliation of Change in Net Assets from Form 990	to Auc	lited Financial Sta	ten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	601,139
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	506,025
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	95,114
4	Net unrealized gains (losses) on investments			4	159,482
5	Donated services and use of facilities			5	0
6	Investment expenses			6	0
7	Prior period adjustments		· · · · -	7	0
8	Other (Describe in Part XIV.)		⊢	8	150 100
9	Total adjustments (net). Add lines 4 through 8			9 10	159,482
10 Par	Excess or (deficit) for the year per audited financial statements. Combit XII Reconciliation of Revenue per Audited Financial Statements.				254,596 r Beturn
				1	840,906
1 2	Total revenue, gains, and other support per audited financial statemen Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ແຮ			
2 a	Net unrealized gains on investments	2a	159,482		
a b	Donated services and use of facilities	2b	0		
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV.)	2d	80,285		
e	Add lines 2a through 2d			26	239,767
3	Subtract line 2e from line 1			3	601,139
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺĺ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV.)	4b	0		
C	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	001,100
Par	t XIII Reconciliation of Expenses per Audited Financial Sta	ateme	nts With Expense	es p	
1	•			1	586,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	0		
а	Donated services and use of facilities	2a	<u> </u>		
b	Prior year adjustments	2b	0		
C	Other losses	2c 2d	80,285	28.82013403	
d	Other (Describe in Part XIV.)			26	80,285
е	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	i ' i'			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
a L	Other (Describe in Part XIV.)	4b	0	1	
	Add the set Americal Ale			40	9887
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I			5	
	t XIV Supplemental Information				
and this Scl	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information. nedule D, Part V, Line 4 - Endowment funds are used to generate incanziation.	; and F	art XIII, lines 2d and	d 4b	o. Also complete
Scl	nedule D, Part XII, Line 2d - Realized loss on investment.				
Scl	nedule D, Part XIII, Line 2d - Realized Loss on Investments.				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

Shepherds Center of Kansas City Central	43	0994417
Form 990, Part III, Line 2 - In an effort to meet the current needs of the 50+ demographic, \$	Shepherd's	Center of
Kansas City Central (SCC) launched two new programs in 2009. 1. Coming of Age: Kansas	city is a m	etro-wide
initiative that promotes civic involvement, lifelong learning, and community leadership in	the 50+ pop	ulation. 2.
Launched in October 2009, KC Caregiver Supportline is a dedicated, one-call service for o		
This new program will offer caregivers a service not currently available in the community.	~~~~~~~~~~~	
caregivers identify and determine the programs and services they need to support them a		
loved ones. SCC also launched an updated organization website www.sccentral.org and t		
www.comingofage.org/kansascity. Our presence can also now be found on Facebook.	110 11011 1101	
www.commgorage.org/nameasony. Our presence can also now be round our acceptor.		
Form 990, Part VI, Section A, Line 2 - Two Board Members, Lin Knudson and Denny Kurog	i ara bath a	mnloved by a
· · · · · · · · · · · · · · · · · · ·	ji are botii e	inployed by a
local community college.		
F. OO D. 170 O. C. A. L. A. Th. B. L.		
Form 990, Part VI, Section A, Line 4 - The By-Laws were revised and approved by the Boa	ra on Janua	ry 28, 2009.
	;;	
Form 990, Part VI, Section B, Line 11 - The completed Form 990 is emailed to al SCKCC Be	pard membe	ers, reviewed at
a monthly Board meeting, and approved by vote.		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Form 990, Part VI, Section B, Line 12c - SCKCC requires each Board member to sign the C		iterest policy
annually. SCKCC requests and keeps on file information about Board member affiliations		
Form 990, Part VI, Section B, Line 15 - For the Executive Director, comparable data in the	local comm	unity was
consulted last in 2009.		
Form 990, Part VI, Section C, Line 19 - The organization makes its governing documents,		- · ·
and financial statements available to the public through the Greater Kansas City Commun	ity Foundat	tion's GuideStar
website and also available upon request.		
		·